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I hombu savalva all			TIONS BEFORE THE	4/4//	
	previous powers of attorney	given in the application	identified in the attached a	tatement under	
I hereby appoint:					
X Practitioners asso	ciated with the Customer Number:	65792	1		
OR Practitioner(s) nam	ned below (if more than ten patent	practitioners are to be named	, then a customer number massible	no trispadije	
	Name	Registration Number	Name	Registration	
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	) to represent the undersigned befo			11"	
OR The address as	spondence address for the applicat	ion identified in the attached s	datement under 37 CFR 3,73(b) t	io:	
Firm or Individual Name					
Address				-9-	
City		State	Zip		
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Telephone	Emell				
Assignee Name and Add				18,00	
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OUB LIETHDE	SOCIETE ANONYME A	DIRECTORE ET	JONSEIL DE SURVEI	LLANCE	
POUR L'ETUDE ET, L'EXPLOITATION DES PROCEDES GEORGES, CLAUDE 75 QUAI D'ORSAY, 75321 PARIS, FRANCE					

opy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equipment is required to be A copy of this roun, together wind a statement unset of CFR 3.7(b) (Form PIONSIPS or equivalently is equivalent to be filled in each application in which this form is used. The statement under 7 (FR 3.75(b) may be comparing by one of the practitioners application in which this Power of Autoreal is authorized to act on behalf of the assistance, and must identify the application in which this Power of Autoreal is to be first or the statement of the process of according to the practitioner is authorized to act on behalf of the assistance.

SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.				
Signature	E. K. Hugos	Date 1/- (- 97		
Name	E.L. HAYKES	Telephone 7/3- 624-8973		
Title	Patent ATTOCOLY	712 7117		

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